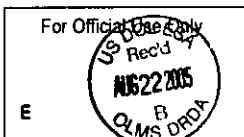


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



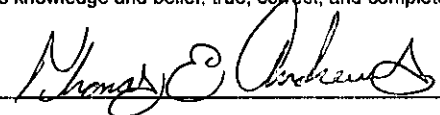
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10298	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name THOMAS E ANDREWS P.O. Box, Bldg., Room No., if any Street 203 LARCHWOOD LANE City NORTH AURORA State Illinois ZIP Code + 4 60542-1039	4. Name, file number, and address of labor organization. Name PLUMBERS & PIPEFITTERS UA LOCAL 501 Labor Organization File Number 540-949 P.O. Box, Building and Room Number, if any Street 1295 BUTTERFIELD ROAD City AURORA State Illinois ZIP Code + 4 60502-8879
5. Position in labor organization. ASSISTANT BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8/12/05</u> Date	<u>1/630/896-6494</u> Telephone Number

Name of Person Filing THOMAS ANDREWS	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NORTHERN ILLINOIS EDUCATION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1295 BUTTERFIELD ROAD</p> <p>City AURORA</p> <p>State Illinois ZIP Code + 4 60502-8879</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>NORTHERN ILLINOIS EDUCATION FUND IS THE TRAINING FUND FOR PLUMBERS & PIPEFITTERS UA LOCAL 501</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>NORTHERN ILLINOIS EDUCATION FUND PROVIDED A HOTEL ROOM & FOOD FOR INSTRUCTOR GRADUATION IN ANN ARBOR, MI 8/11/04 THROUGH 8/12/04 - \$204</p> <p>DINNER FOR THE INSTRUCTOR GRADUATION ON 8/12/04 - \$45</p> <p>12.b. Amount. \$249</p>

Name of Person Filing THOMAS ANDREWS	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name BLUECROSS BLUESHIELD OF ILLINOIS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 300 EAST RANDOLPH STREET</p> <p>City CHICAGO</p> <p>State Illinois ZIP Code + 4 60601-5099</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name NORTHERN ILLINOIS BENEFIT FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1295 BUTTERFIELD ROAD</p> <p>City AURORA</p> <p>State Illinois ZIP Code + 4 60502-8879</p>	<p>11.a. Nature of such dealing.</p> <p>BLUECROSS BLUESHIELD OF ILLINOIS PROVIDES PPO DISCOUNT SERVICES FOR PLUMBERS & PIPEFITTERS UA LOCAL 501 HEALTH INSURANCE FUND - NORTHERN ILLINOIS BENEFIT FUND</p> <p>NOTE; AMOUNT IS INCLUSIVE OF \$1,308,430.74 IN PPO ACCESS FEES AND \$9,929,867 IN INSURANCE CLAIMS</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$11,238,297</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>BLUECROSS BLUESHIELD OF ILLINOIS PROVIDED ONE (1) TICKET TO THE CHICAGO BLACKHAWKS GAME AND DINNER IN A SKYBOX</p> <hr/> <p>12.b. Amount. \$159</p>

Name of Person Filing THOMAS ANDREWS	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name SEGAL BRYANTT & HAMILL</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any SUITE 2150</p> <p>Street 10 SOUTH WACKER</p> <p>City CHICAGO</p> <p>State Illinois ZIP Code + 4 60606-7412</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name NORTHERN ILLINOIS PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1295 BUTTERFIELD ROAD</p> <p>City AURORA</p> <p>State Illinois ZIP Code + 4 60502-8879</p>	<p>11.a. Nature of such dealing.</p> <p>SEGAL BRYANTT & HAMILL PROVIDES INVESTMENT SERVICES TO THE PLUMERS & PIPEFITTERS UA LOCAL 501 PENSION FUND - NORTHERN ILLINOIS PENSION FUND</p> <p>11.b. Approximate dollar value of such dealing. \$97,619</p> <p>12.a. Nature of interest held or income received.</p> <p>SEGAL BRYANTT & HAMILL TOOK ME TO DINNER ON 3/28/04 WHILE ATTENDING THE NATIONAL BUILDING TRADES CONFERENCE IN WASHINGTON, DC TO DISCUSS OUR INVESTMENTS RETURNS.</p> <p>12.b. Amount. \$150</p>

To: U.S. Department of Labor

This represents my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004. These are my only LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.

Signed: Thomas E. Andrews

Dated: 8/12/05

Print Name: Thomas E. Andrews